



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES
P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>

MORTGAGE BROKER BRANCH AMENDMENT

**FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE APPLICATION
JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

Use the “A column” on the *form MU3* to notify DFI of changes or updates to any information originally submitted when you applied for your existing WA Mortgage Broker Branch office license. Amendments reported on the *form MU3* only apply to the branch office (use the *form MU1* to report company-wide changes). Along with the *form MU3*, send the following to the WA Department of Financial Institutions (DFI). Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

- FEE** – Amendments: no fee required
- FINANCIAL RESPONSIBILITY** – Contact your bonding agent to obtain a rider to your existing surety bond changing the physical address, legal name, or trade name (“dba”) as appropriate. Send the original signed and sealed rider with attached power of attorney (if any) to DFI.
- WA STATE PRE-REQUISITE LICENSE(S)** – Remember to notify other WA agencies of your change(s). Contact the Washington State Department of Licensing (DOL) at (360)902-3600 or online at www.dol.wa.gov to update the trade name (dba) or address on your branch Washington State Master Business License which will display your Unified Business Identifier (UBI) number. A copy of this document is **not** required with your application package. DFI will verify information directly with DOL.
- TRUST ACCOUNTING** – Update your certificate (*not required for address changes*): If this branch office does maintain a separate Trust Account, complete an updated *Certificate of Compliance and Authorization to Examine Trust Accounts* form with the new branch trade name and notarized bank representative signature.
- SURRENDER ORIGINAL LICENSE** – Keep a copy, but send the old original license to DFI for replacement.
- STILL NEED HELP?** Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.
- DELIVERY** – Keep copies of everything, and send original *Form MU3* and all attachments to:

Via US Postal Service	Via other couriers (eg: FedEx, UPS, etc)
Dept of Financial Institutions	Dept of Financial Institutions
Division of Consumer Services	Division of Consumer Services
PO Box 41200	150 Israel Rd SW
Olympia WA 98504-1200	Tumwater WA 98501

FORM MU3 (Branch)	UNIFORM MORTGAGE BRANCH OFFICE FORM	MORTGAGE BROKER <input type="checkbox"/> MORTGAGE LENDER <input type="checkbox"/> MORTGAGE SERVICER <input type="checkbox"/>
Applicant full legal name: _____		
Date of Filing: _____ Effective Date: _____		

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

1.	NEW BRANCH APPLICATION <input type="checkbox"/> SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>
2.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3.	_____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a. _____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	_____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website	4a. _____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website
5.	_____ Trade name or "dba" used at this branch	5a. _____ NEW Trade name or "dba" used at this branch
6.	_____ Branch Manager Name _____ Supervisor Name	6a. _____ NEW Branch Manager Name _____ NEW Supervisor Name

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she is an officer of the *applicant* and has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

_____ Date (MM/DD/YYYY)	_____ Signature of authorized party	_____ Title
_____ Subscribed & Sworn before me	_____ Print Notary Public name	_____ by _____ Print authorized party name
_____ on this _____ day of _____	_____ Month Year	_____ at _____ State County
_____ Notary Public Signature	_____ Notary Appointment Expires (MM/DD/YYYY)	

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____	7. Physical address of location where the official books and records generated by this branch office will be kept. Check each <i>jurisdiction</i>
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